NDEI	· 		. PLACE OF DEATH			District No. 59		NCE (Where deceased	lived. If institut	ion: Residence before
1			a. COUNTY	Ch London			a. STATE	b. COUNTY		admission)
			b. CITY (If outside co OR TOWN	orporate limits, the TOWN	NSHIP only)	Length of stay in 1b	c. CITY OR TOWN			Inside Limits Yes No
		-	c. FULL NAME OF (III	mel Wellston NOT in hospital, give loc	cation)	Inside Limits	d. STREET	if cutsi	de, give location)	Reside on Farm
		 _	HOSPITAL OR INSTITUTION	St. Vincent's	s Hospital	Yes No 🗆	ADDRESS			Yes 🗋 No 🗗
7	\exists		3. NAME OF DECEASED (Type or print)	D First	W	iddle	Last	4. DATE OF	Month D	Day Year
		I_	(4) 60 61 61 111	MARY	KATHERI	NE	TUREE	DEATH Jur		
			5. \$EX	6. COLOR OR RACE	7. Married Widowed		Ti.			YEAR IF UNDER 24 HI ays Hours Min.
-		-1	Remaile Da. USUAL OCCUPATION	White (Give kind of work done	106. KIND OF B		1 9-5-186	5 71. (City and state or coun	ry) 12. CITIZEN	OF WHAT COUNTRY
- [ł		during most of work	ing life, even if retired)	None			r, Colorade	,	8 . A .
-		1:	a. FATHER'S NAME			THER'S MAIDEN NA	WE	14. NAME	OF HUSBAND OR	WIFE
		II	Joseph Al	hart Turre	Be	Atrice Em	ilv Curso			
-		1:		RTN U.S. ARMED FORCES f yes, give war or dates of		CIAL SECURITY NO.	77. INFORMANT		Address	
İ		_								
- 1			18 CAUSE OF BEATE	I (Enter only one cause ne	ur line for (a) (b) a	and (c)	Records	of St. Vinc	ent's Hos	TOLTAL
- [VENT		18. CAUSE OF DEATH PART I	H (Enter only one cause pe . DEATH WAS CAUSED B	Y:	·		of St. Vinc	ent's Hos	INTERVAL BETWEEN ONSET AND DEATH
	CUMENT		18. CAUSE OF DEATH PART I	H (Enter only one cause pe DEATH WAS CAUSED B'	Y:	ind (c).		of St. Vinc	ent a Mos	I INTERVAL BETWEEN
	DOCUMENT		PART I	IMMEDIATE CAUSE (_(a) Acut	te Heart F	ailure		ent's Hos	ONSET AND DEATH
	DOCUMENT		Conditi Which above	IMMEDIATE CAUSE (ons, if any, pave rise to cause (a),	_(a) Acut	te Heart F			eent's Mos	I INTERVAL BETWEEN
	DOCUMENT		Condition Condition Which gabove stating	IMMEDIATE CAUSE ((b)Acut	te Heart F	ailure tic Heart Di		sent's Hos	ONSET AND DEATH
	DOCUMENT		Conditi which g above stating lying	ons, if any, pave rise to cause (a), the under-cause last. DUE TO	(c) <u>Nept</u>	te Heart Fi priosclero proscleros	ailure tic Heart Di	isease	.RT III. If , decea	Years III
	DOCUMENT		Conditi which g above stating lying	ons, if any, gave rise to cause (a), the under-cause last.	(c) <u>Nept</u>	te Heart Fi priosclero proscleros	ailure tic Heart Di	isease	RT III. If , decear there a pr	Years It sed was female wegnancy in last 90 day
	DOCUMENT		Condition which gabove stating lying of PART I	ons, if any, pave rise to cause (a), the under-cause last. DUE TO	(b) Arte (c) Nept CONDITIONS CON in PART I (a)	te Heart Francischeros TRIBUTING TO DEA	tic Heart D	the terminal PA	RT III. If , decear there a pr	Years It sed was female wegnancy in last 90 day
	DOCUMENT	CERTIFICATION	Condition which is above stating lying of PART I.	ons, if any, gave rise to cause (a), the undercause last. DUE TO	(c) Nept CONDITIONS CON 1 in PART I (a) DE HOMICIDE	te Heart Francischeros TRIBUTING TO DEA	ailure tic Heart Di	the terminal PA	RT III. If , decear there a pr	Years It sed was female wegnancy in last 90 day
	DOCUMENT	CERTIFICATION	Condition which a shove stating lying of PART I. 19. WAS AUTOPSY PERFORMED? YES NO 22.	ons, if any, gave rise to cause (a), the undercause last. OTHER SIGNIFICANT disease condition given Monthi, Day, Year	(c) Nept CONDITIONS CON 1 in PART I (a) DE HOMICIDE	te Heart Francischeros TRIBUTING TO DEA	tic Heart D	the terminal PA	RT III. If , decear there a pr	Years It sed was female wegnancy in last 90 day
	DOCUMENT		Condition which gabove stating lying of PART II	ons, if any, pave rise to cause (a), the undercause last. DUE TO disease condition given Month, Day, Year	(c) Nept CONDITIONS CON 1 in PART I (a) DE HOMICIDE	te Heart Francischeros TRIBUTING TO DEA	tic Heart D	the terminal PA	RT III. If , decear there a pr	Years It sed was female wegnancy in last 90 day
	DOCUMENT	CERTIFICATION	Condition which is above stating lying of the period of th	IMMEDIATE CAUSE (ons, if any, gave rise to cause (a), the undercause last. DUE TO D	(b) Arte (c) Nept (c) Nept (d) Nept (d) Nept (e) Nept (e) Nept (e) Nept (f) Nep	TRIBUTING TO DEA	tic Heart D	the terminal PA	RT III. If , decear there a pr	Years It sed was female wegnancy in last 90 day
	DOCUMENT	CERTIFICATION	Condition which shows stating lying of PART II 19. WAS AUTOPSY PERFORMED? YES NO 22 20c. TIME OF House, a.m., p.m.	IMMEDIATE CAUSE (ons, if any, gave rise to cause (a), the undercause last. DUE TO DUE TO DUE TO disease condition given 20a. ACCIDENT SUICI Month, Day, Year ED 20e. PLAC	(b) Arte (c) Neph CONDITIONS CON 1 in PART I (a) DE HOMICIDE	TRIBUTING TO DEA	tic Heart Di	the terminal PA	RT III. If , deceas there a pr TYes y in PART I or PA	TARTE WAS FEMALE W. egnandy in last 90 day RT II of item 18.)
	DOCUMENT	CERTIFICATION	Condition which shows above stating lying of part I. 19. WAS AUTOPSY PERFORMED? YES NO IZ 20c. TIME OF INJURY A.m. p.m. 20d. INJURY OCCURR WHILE AT WORK	IMMEDIATE CAUSE (ons, if any, pave rise to pave rise to cause (a), the under-cause last. DUE TO D	(b) Acut (c) Nept (c) Nept (c) Nept (d) Nept (e) Nept (e) Nept (e) Nept (for in PART I (a) In PART I	TRIBUTING TO DEA	tic Heart Di	the terminal PA	RT III. If , decear there a pr Yes y in PART I or PA	Tears III of item 18.)
	DOCUMENT	CERTIFICATION	PART I. Conditive which a shove stating lying of the part II. 19. WAS AUTOPSY PERFORMED? YES NO Z. 20c. TIME OF HOUSE INJURY a.m. p.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT YORK	IMMEDIATE CAUSED 8' IMMEDIATE CAUSE (ons, if any, pave rise to pave	(b) Acut (c) Nept (c) Nept (c) Nept (d) Nept (e) Nept (e) Nept (e) Nept (for in PART I (a) In PART I	TRIBUTING TO DEA	tic Heart Di	the terminal PA D. (Enter nature of injust of the terminal PA R LOCATION	RT III. If , decease there e pr	INTERVAL BETWEEN ONSET AND DEATH Years II II II II II II II II II
		CERTIFICATION	PART I. Conditive which ye shows stating lying of part I. 19. WAS AUTOPSY PERFORMED? YES OF NO INJURY As.m. p.m. 20c. TIME OF Hou. INJURY OCCURR WHILE AT WORNOT WHILE AT 1.	IMMEDIATE CAUSE (ons, if any, pave rise to	(c) Neph CONDITIONS CON TO PART I (a) DE HOMICIDE E OF INJURY (e.g., factory, street, offi	TRIBUTING TO DEA	tic Heart Di	the terminal PA D. (Enter nature of injust of the terminal PA R LOCATION	RT III. If , decease there e pr	INTERVAL BETWEEN ONSET AND DEATH Years II II II II II II II II II
	OF	MEDICAL CERTIFICATION	PART I. Conditive which conditions which conditions which conditions which conditions which conditions are conditions as the conditions which conditions are conditions as the conditions are conditi	IMMEDIATE CAUSE (ons, if any, pave rise to pave rise to pave rise to the under- cause (a), the under- disease last. DUE TO 1. OTHER SIGNIFICANT disease condition given 20a. ACCIDENT SUICI DUE TO pave rise to p	(c) Nept (c) Nept (c) Nept (c) Nept (d) Nept (d) Nept (e)	in or about home, ice bldg., etc.)	tic Heart Di	De the terminal PA D. (Enter nature of injuted of the best of my	RT III. If , decease there a property of the second of the	TABLE TO NO Unknow RT II of item 18.)
	OF	MEDICAL CERTIFICATION	PART I. Conditive which conditions which conditions which conditions which conditions which conditions are conditions as the conditions which conditions are conditions as the conditions are conditi	IMMEDIATE CAUSE (ons, if any, pave rise to cause (a), the under-cause last. DUE TO 1. OTHER SIGNIFICANT disease condition given 20a. ACCIDENT SUICI Monthi, Day, Year ACCIDENT SUICI 20b. PLAC farm, WORK 20c. PLAC farm, Company of the cause of t	(b) Acut (c) Nept (c) Nept (c) Nept (d) Nept (e) Nept (e) Nept (e) Nept (for in PART I (a) Nep (for in PART I (a) Nep (for in PART I (a) Nep (for in P	TRIBUTING TO DEA 20b. DESCRIBE HO in or about home, ice bldg., etc.) DESCRIBE HOW TO BE THE BLDG TO BLDG TO BE THE BLDG TO	tic Heart Di	the terminal PA D. (Enter nature of injure) R LOCATION d last saw her alive of and to the best of my St. Charles 23d. LOCATION (City,	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	Tears III of item 18.) STATE 10 1 22c. DATE SIGNE 6/29/60 (State)
		MEDICAL CERTIFICATION	PART I. Conditive which is above stating lying or stating lying or part I. 19. WAS AUTOPSY PERFORMED? YES NO 22 20c. TIME OF Hour INJURY A.m. p.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT 1. 21. I attended the de Death occurred a	IMMEDIATE CAUSE (ons, if any, pave rise to cause (a), the under-cause last. DUE TO 1. OTHER SIGNIFICANT disease condition given 20a. ACCIDENT SUICI Monthi, Day, Year MONTHI, Day, Year 12a. 55	(b) Acut (c) Nept (c) Nept (c) Nept (d) Nept (e) Nept (e) Nept (e) Nept (for in PART I (a) Nep (for in PART I (a) Nep (for in PART I (a) Nep (for in P	TRIBUTING TO DEA 20b. DESCRIBE HO in or about home, ice bldg., etc.) OF CEMETERY OF CE 10cal	tic Heart Di	the terminal PA D. (Enter nature of injust R LOCATION d last saw her alive or and to the best of my Charles 23d. LOCATION (City, Denver,	COUNTY COUNTY Rock Rd town, or county) Colora	Tears III of item 18.) STATE 10 1 22c. DATE SIGNE 6/29/60 (State)

TATEMENT BY LICENCED EMPAIMED

•	
or by	, Student Embalmer No
working under my personal supervision.	
Student	_ Signed Clarence H. Mu
Signature of Student Embalmer	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comwith the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.